

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CITY CLERK Stamp

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COVER PAGE

CALIFORNIA 460
2001/02
FORM

Page 1 of 5

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 3/18/13
through 7/31/13

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5)
☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1353715

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

ROLAND KEDIRIAN for City Council 2013

STREET ADDRESS (NO P.O. BOX)

1153 N. Brand Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91202 8184098911

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Roland Kedirian

MAILING ADDRESS

1153 N. Brand Blvd.

CITY STATE ZIP CODE AREA CODE/PHONE
Glendale CA 91202 8184098911

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/13 Date

Executed on Date

Executed on 7/31/13 Date

Executed on Date

By Signature of Treasurer or Assistant Treasurer

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Roland Kedikian

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1153 N. Brand Blvd Glendale CA 91202

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from _____ through _____	CALIFORNIA FORM 460 Page <u>3</u> of <u>5</u> I.D. NUMBER _____
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER _____

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$	1850.-	2900.-
2. Loans Received Schedule B, Line 3	\$	0	15000
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	1850.-	17900
4. Nonmonetary Contributions Schedule C, Line 3	\$	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	1850.-	17900.-

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$	5410.31	17515.18
7. Loans Made Schedule H, Line 3	\$	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5410.31	17515.18
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$	0	0
10. Nonmonetary Adjustment Schedule G, Line 3	\$	0	0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	5410.31	17515.18

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$	3945.13
13. Cash Receipts Column A, Line 3 above	\$	1850.-
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$	0
15. Cash Payments Column A, Line 8 above	\$	5795.13
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	_____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$	0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from _____
through _____

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/27/13	Roland Kedikian 1155 N. Brand # 303 Glendale CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law office of Roland Kedikian	1500.-	1500.-	
3/18/13	Nazareth Keonian. 1155 N. Brand Blvd #601 Glendale CA 91202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.-	100.-	
3/20/13	Haroutian Kedikian. 6217 Van Nostrand Ave Van Nuys CA 91405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.-	250.-	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.

(Include all Schedule A subtotals.) \$ 1850.-

2. Amount received this period – unitemized contributions of less than \$100

\$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1850.-

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period

CALIFORNIA
FORM

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from _____

through _____

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Warren printing & marketing inc. 5000 Eagle Rock Blvd. LA CA 90041	LIT	Campaign mailing	5335. ³¹
Cit Bank P.O. Box 6520 Sioux Falls SD 57117	LIT.	Facebook charges.	384. ⁸²

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 5720.¹³
 2. Unitemized payments made this period of under \$100 \$ 75.-
 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 5795.¹³